

PERMIT APPLICATION REVIEW FORM

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| Review Requested by: Allen Gaither | Date Requested: 6/19/2013 |
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| Facility Name and Permit ID | <u>Davidson County Transfer Station, 29-06* (See Notes)</u> |
| Applicant (Owner) Name | <u>Davidson County</u> |
| Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)] | <input checked="" type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR) |
| Permit Fee | <u>\$5000</u> |
| Date Application Received | <u>6/14/2013</u> |
| Contact Name, Title & Phone No. | <u>Mr. Charles Brushwood, Director, (336) 242-2284</u> |
| Contact Email Address | <u>Charlie.Brushwood@davidsoncountync.gov</u> |
| Company Name | <u>Davidson County Integrated Solid Waste Management Department</u> |
| 911 Address | <u>220 Davidson County Landfill Road, Lexington, NC 27922</u> |
| Mailing Address | <u>1242 Old US Highway 29</u> |
| City/State/Zip | <u>Thomasville, NC 27360</u> |
| Parent Company | <u>Davidson County</u> |
| Known Subsidiaries | <u>N/A</u> |
| Other Known Related or Associated Business Names | <u>N/A</u> |
| Known Counties of Operation | <u>Davidson</u> |
| Does the Applicant have a Past Or Current Solid Waste Permit? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: MSWLF, CDLF, HHW Permit No.: 29-06 |
| Did the Permit Applicant Submit Financial Assurance Cost Estimates? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/> |
| Other Notes | <u>Transfer Station will be within currently facility boundary for 29-06 so Permit number should be the same.</u> |

PERMIT APPLICATION REVIEW TRACKING

Clock Start

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|---------------------------|--------------|
| Date Application Received | 6/14/13 |
| Application ID # | SW013 - 0041 |

Review Form Submission

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|--|---|
| Date Application Review Form Submitted | 6/19/13 |
| Submitted to Accounting Tech | Yes <input checked="" type="checkbox"/> |
| Submitted to Compliance Officer | Yes <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/> |

Accounting Clock

| | | |
|--------------|--------|-----------|
| Invoice Date | | # of Days |
| Deposit Date | 7/5/13 | |

CHR Clock

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|----------------------------|--|-----------|
| CHR Org Chart Request | | # of Days |
| CHR Org Chart Response | | |
| CHR Questionnaire Request | | # of Days |
| CHR Questionnaire Response | | |

Application Review Clock

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|--|---------|-----------|
| Completeness Determination Letter | 7/26/13 | 42 |
| Engineering Technical Review Letter #1 | 7/26/13 | # of Days |
| Engineering Technical Review Response #1 | 7/31/13 | 5 |
| Engineering Technical Review Letter #2 | | # of Days |
| Engineering Technical Review Response #2 | | |
| Hydro Technical Review Letter #1 | | # of Days |
| Hydro Technical Review Response #1 | | |
| Hydro Technical Review Letter #2 | | # of Days |
| Hydro Technical Review Response #2 | | |
| Draft Permit | | |
| Permit to Construct Issued | | |
| CQA Received | | # of Days |
| CQA Reviewed | | |
| Permit to Operate Issued | 8/27/13 | 74 |